



STATE OF TENNESSEE  
**BOARD FOR LICENSING CONTRACTOR**  
500 JAMES ROBERTSON PKWY., SUITE 110; NASHVILLE, TN 37243-1150  
(615) 253-5741 or (800) 544-7693 - Fax (615) 532-2868  
[www.state.tn.us/commerce/boards/contractors](http://www.state.tn.us/commerce/boards/contractors)

**INSTRUCTIONS/CHECKLIST**  
**TRANSFER-CHANGE MODE OF BUSINESS OPERATION (\$100.00 Fee)**

Complete the attached "Transfer – Change Mode of Operation" application and submit with the following:

1. \_\_\_\_\_ "Contractor's Affidavit" page 3 - which states in part, the liabilities of former license operation has been satisfied;
2. \_\_\_\_\_ Attach a current financial statement (see page 5) and proof of general liability / workers compensation insurance (see page 6) in the new company name;
3. \_\_\_\_\_ Attach applicable certificates, such as an amended Charter, Articles of Organization, Certificate of Authority, which are obtained from the Tennessee Secretary of State's office at (615) 741-2286 or from their website at: [http://www.state.tn.us/sos/bus\\_svc/forms.htm](http://www.state.tn.us/sos/bus_svc/forms.htm)
4. \_\_\_\_\_ Letter of explanation if you checked "yes" on questions regarding complaints, liabilities unsatisfied, etc.
5. \_\_\_\_\_ Letter of Relinquishment (if there were other owners or officers leaving company); and
6. \_\_\_\_\_ Mail to the address above with \$100.00 fee (no cash). Make check payable to the **Contractor's Board**. Must be received by the deadline date, which is the last day of the month prior to the Board meeting, to ensure it is processed in time. For example, if received on April 30<sup>th</sup>, it will be reviewed at the May Board meeting. If received in May, it will be reviewed at the July Board meeting.

Revision requires Board review for approval (meetings are in January, March, May, July, September and November). Personal appearance before the Board is **NOT** required.

Note: Transfer is for a mode of operation change, only, as the license is not transferable to a new entity. If there has been a change in ownership, merger, reorganization or purchase by nonstockholders, please notify our office for a new license application, instead of completing this form, or obtain from the forms download from the website.

- **When submitting this form at renewal time, you may receive a renewed license before the revised license, as revisions must be reviewed by the Board at their regularly scheduled meetings. Do NOT send or attach with renewal; mail separately to the address above.**
- **If there has been a change in ownership, merger, reorganization or purchase by nonstockholders, please notify our office for the new license application instead of completing this form!**
- **Please allow up to six (6) weeks to be processed. Requires Board approval at their regular scheduled meetings. A personal appearance is NOT required. If your application was submitted incomplete, you will be notified in writing to supply additional information.**
- **Do not operate in the new mode of operation until your license has been approved and issued! The revised license will be mailed within two weeks after the Board meeting, or you may view on the website at: <http://licsrch.state.tn.us/>**
- **If your QA (Qualifying Agent) has changed, please submit their exam scores with "Add QA" Form which may be obtained from the downloadable forms from our website at: <http://www.state.tn.us/commerce/boards/contractors/formsandapps.html>**

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 www.state.tn.us/commerce/boards/contractors

**TRANSFER FEE: \$100.00****TRANSFER - CHANGE MODE OF OPERATION**

**Current License Mode of Operation:** Individual Corporation Partnership LLC  
**Transferring to:** Individual Corporation Partnership LLC

License ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Current Name on License:** \_\_\_\_\_

Address: \_\_\_\_\_  
 (Address Change: Yes - Address above indicates new address No change of address)

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Previous Owner(s)/Officers and Titles (may submit attachments):

1. \_\_\_\_\_ % 2. \_\_\_\_\_ %

3. \_\_\_\_\_ % 4. \_\_\_\_\_ %

Qualifying Agent(s): \_\_\_\_\_  
 (Person(s) who passed exam or designated employee/ officer)

Are there complaints or outstanding judgments against this company? No \*Yes

\*(If yes, please attach an explanation)\*

**NEW COMPANY NAME INFORMATION**

1. **New Name to be on License:** \_\_\_\_\_  
 (Name must be exact as on attachments)

2. Has there been a change in owners, officers or titles: No; \*Yes - List below and %:

1. \_\_\_\_\_ % 2. \_\_\_\_\_ %

3. \_\_\_\_\_ % 4. \_\_\_\_\_ %

3. Has Qualifying Agent Changed: No \*Yes - Please attach exam scores with add QA form

4. Reason for Change in Mode: Tax Reasons; Dissolved; Owners/officers left;  
- Other: \_\_\_\_\_

5. Do you have one (1) or more employees? Yes (Attach workers comp insurance) No - Zero employees

6. Please complete "Contractor's Affidavit" (page 3); attach proof of insurance; and review checklist (page 1).

**- FOR OFFICE USE ONLY -**

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Classification: \_\_\_\_\_ Monetary Limit: \_\_\_\_\_

W/C \_\_\_\_\_ N/W \_\_\_\_\_

Denied - \_\_\_\_\_; Approved; \_\_\_\_\_

Board Member

Date  
 RDA 1578

## CONTRACTOR'S AFFIDAVIT

1.

(Contractor Name - As to be on Revised License)

**New Mode of Operation:** { } Corporation { } Partnership { } Individual { } Limited Liability Company

2.

To the best of my knowledge, information, and belief, a petition in bankruptcy { } **\*HAS { } HAS NOT** been filed within seven (7) years preceding the filing of this transfer application, from any person who is an officer, owner, partner on this license. *(If such petition has been filed, attach information and an explanation of the proceedings hereto as part of affidavit.) Further, all liabilities of former operation have been satisfied.*

3.

As "Contractor" (owner/proprietor or partner, officer, director, qualifying agent or major stockholder) with this company, firm, or corporation, do hereby affirm, I/we { } **\*HAVE { } HAVE NOT** been convicted of a felony, participated in any other conduct which constitutes improper, fraudulent, or dishonest dealings, involvement with any company who is in violation of T.C.A. 62-6-118. *(If you checked "HAVE", please attach an explanation, copy of court documents, and probation release.) Note: May be subject to background check and the Board may deny a license.*

4.

As "Contractor", I/we { } **\*HAVE { } HAVE NOT** bid, offered to engage or performed any construction, in the State of Tennessee, where the amount of the contract would require a license to engage in contracting, in the new name or mode of operation to be licensed. If so, please attach an explanation.

*I/we affirm in applying to the Tennessee Board for Licensing Contractors for a license name change to engage in contracting with the State of Tennessee, hereby depose and say as follows:*

Information provided in this application is true and correct, submitted to the Board for Licensing Contractors for the express purpose to change the license name of contractor's license, in the State of Tennessee. Further, there has been no change in ownership, merger or reorganization pursuant bankruptcy, which requires a new license.

**\*If you checked "HAVE" or "HAS", please attach explanation-**

***The individual, owners, qualifying agent(s), partners, major officers, controlling stockholders, or Chief Executive Officer duly authorized by the Board of Directors, with this entity, must execute this affidavit. If the liabilities and/or complaints from former operation have not been satisfied, please attach an explanation.***

<hr style="border: none; border-top: 1px solid black;"/> <div style="text-align: center;">(Print Name)</div>	<hr style="border: none; border-top: 1px solid black;"/> <div style="text-align: center;">(Title)</div>	<hr style="border: none; border-top: 1px solid black;"/> <div style="text-align: center;">(Signature)</div>
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Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(NOTARY PUBLIC)

(SEAL)

My Commission Expires: \_\_\_\_\_  
State of \_\_\_\_\_

Tennessee Board for Licensing Contractors  
500 James Robertson Pkwy., Suite 110  
Nashville, TN 37243-1150  
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## **LETTER OF RELINQUISHMENT**

Date: \_\_\_\_\_

LICENSE ID # \_\_\_\_\_

I, \_\_\_\_\_, formerly of \_\_\_\_\_,  
(Print Name of Person Leaving) (Name on License)

Hereby relinquish all rights to said license. Further, I understand by relinquishing these rights, I would need to reapply for a contractor's license before conducting business as a licensed contractor.

\_\_\_\_\_  
(Signature)

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public) My Commission Expires: \_\_\_\_\_  
State of \_\_\_\_\_

(Seal)

***(To be completed by any owner/ officer leaving the licensed company,  
in order for remaining owners/officers to continue with license)***



## GENERAL LIABILITY INSURANCE INFORMATION

Effective July 1, 2007, a new law requires all contractors to obtain General Liability Insurance in order to renew or apply for a contractor's license. In addition, workers compensation insurance is also required. Contractors with one (1) or more employees, such as a qualifying agent, must provide proof of workers compensation insurance.

In order to comply with the new legislation, the Board has established the following as a "minimum" amount of coverage to obtain and a rulemaking will be held to discuss these amounts. Please check with your insurance provider, as they may advise to apply for more or additional coverage, based upon your individual needs and the amount of projects you perform.

<b><u>Contractor's License Monetary Limit Insurance</u></b>	<b><u>Minimum General Liability</u></b>
Up to \$500,000	\$100,000
\$500,001 to \$1,500,000	\$500,000
\$1,500,001 to Unlimited	\$1,000,000

Proof of workers compensation insurance to be in the following format:

- "Producer" section must include the name of the insurance agency, and telephone number
- "Insured" section should list the name of the contractor and license ID number
- "Certificate of Insurance" should list the name of the insurance company;  
(“To Be Determined” or “TBD” is not acceptable)
- Policy effective and expiration date must fall within the period of license
- "Description of Operations" portion must list: "State of Tennessee Contractors License"
- "Certificate Holder" section should list the "Board for Licensing Contractors" and our address:  
500 James Robertson Parkway, Suite 110, Nashville, TN 37243-1150, and license ID#
- "Cancellation Notice" section must be completed with at least 10 days notice to be given
- "Certificate of Insurance" must be signed by an authorized representative of the insurance company